## STATE OF CALIFORNIA

## TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy

	2 (REV. 12					ent on	Reve	erse Side		Page		1	of_	1		Pages	
	T'S NAME  Sandra Pe	erez				SSAN	OR EM	MPLOYEE N	===== NUMBER*			ARTME PARTI		F MANA	GED	HEALTH	CARE
POSITION CB/ID NO. Director M01				DIVISION OR BUREAU INDEX NUMB Office of the Patient Advocate									UMBER 6000	0			
RESIDEN	CE ADDRESS	S*						TERS ADDI						ONE NUME (916) 324		)7	
CITY STATE Sacramento CA		ZIP CODE			CITY Sacramento			STATE CA				ZIP CODE 95814					
(1) MONTH / YEAR (3)			(4)	(5) MEALS		O.T., LT, INC		(6)	(7)		TRANSPORTATION		rivate Car Use		(8) BUSINESS	(9) TOTAL	
July 2009		LOCATION						INCIDEN-		(B)							
DATE	(2) TIME ======	TIME Were Incurred	LODGING	Break- fast Lunch	N/C, F or Dir		TALS	Cost of Trans.		Tolls, Parking	Miles	Amou	nt	EXPENSE	EXPENSES FOR DAY		
30-Jul	6.00 AM	Sacramento - Oakland Oakland -		6.00						PC			92	50.66	6		\$56.66
	3:00 PM	Sacramento								PC	4	1.00	97	53.3	5		\$57.35
																	\$0.00
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																	\$0.00
(10) SUBTOTALS		0,00	6.00	0.00	0.0	00	0.00	0.00		4	1.00	189	104.0	)1	0.00	\$114.01	
COLUMN C	CL AIM T															\$	114.01
(11) PURPO	CLAIM T	EMARKS AND DETAIL	LS (Attach rec	eipts/voucl	ners when	required)								(12) NORM	MAL W	ORK HOURS	114.01
		ended the CCHRI All Pa											_	0800 - 1	1700		
													<del>-</del>	(13) PRIVA 4GNH1		HICLE LICEN	SE#
													_	(14) MILEA 0.550		ATE CLAIMED	1
													- -	AC	GENCY	Y ACCOUNTIN	IG OFFICE
State of Cal was equal to	ifornia. If a priva o or greater than	hat the above is a true sately owned vehicle was	s used, and if m hat I have met	ileage rates	exceed th	e minimum	n rate, l	certify that th	e cost of op	perating t	the vehi			PAID	BY RE	<b>USE ONLY</b> EVOLVING FU	ND CHECK#
0754 pertaining to vehicle safety and seat belt usage CLAIMANT'S SIGNATURE >>		DATE			(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT								DATE				
	AL EXPENSE A	UTHORIZATION - SIG	NATURE AND	TITLE 9 (Se	ee Item 17	on reverse	e)									DATE	
>>																	